



**Short-term course in
human embryonic stem cell culture techniques
ATCC, 11-15 October, 2004**

Registration Form

Fill in the blanks and tick the boxes as applicable:

A. Personal Details

Name (Last): _____	(First): _____	(Middle Initial): _____
Title: _____ Position: _____		
Institution: _____		
Address: _____		
Phone: _____		Fax: _____
Email: _____		

B. Previous Experience

Tissue culture experience: _____
Experience in ES cells: None Mouse Rhesus Human Other

C. Accommodation

I shall make my own arrangements.
Please make a single-room reservation for me at Courtyard Manassas Battlefield Park for October ____ - ____, 2004 (total of ____ nights)

D. Method of Payment

Course cost: \$1,200	
Cheque made payable to Technion Research & Development Foundation	
Visa MasterCard American Express	
Credit card number: _____	Expiration date (mm/yy): ____/____
Signature: _____	Date: _____

D. Other

Comments/special requirements: _____

Signature of Applicant: _____